

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003687

Entity Name: BIRDMONT HEALTH CARE, LLC

Current Principal Place of Business:

24641 US HWY 19 N
CLEARWATER, FL 33763

Current Mailing Address:

24641 US HWY 19 N
CLEARWATER, FL 33763 US

FEI Number: 20-2970323

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOM, AARON
24641 US HWY 19 N
CLEARWATER, FL 33763 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON BLOOM

04/21/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEST COAST COMMONWEALTH
PARTNERS, LLC
Address 310 10TH AVE N
City-State-Zip: SAFETY HARBOR FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON BLOOM

GC

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date